Docket No: AM100907 C1

**Patent** 

of Application of:

Beat T. Weber

cation No.:

10/750,196

Group Art No.:

1621

December 31, 2003 Examiner: S. Barts

Methods for Preparing O-desmethylvenlafaxine

Confirmation No.:

9169

**Customer Number:** 

25291

Mail Stop Amendment Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450

Sir:

# AMENDMENT TRANSMITTAL LETTER

1. Transmitted herewith for filing is an amendment for this application.

## PETITION FOR EXTENSION OF TIME

Applicant petitions for an extension of the time for the total number of months 2. checked below:

	One Month.	Fee in the amount of	\$ 120.00
	Two Months.	Fee in the amount of	\$ 450.00
$\overline{\boxtimes}$	Three Months.	Fee in the amount of	\$ 1,020.00
	Four Months.	Fee in the amount of	\$ 1,590.00
	Five Months.	Fee in the amount of	\$ 2,160.00

### **CERTIFICATE OF MAILING 37 CFR §1.10**

I hereby certify that this paper and the documents referred to as enclosed therein are being deposited with the United States Postal Service on the date written below in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number ED870507935US addressed to the Mail Stop Amendment, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450.

9-8-06 5hn R. Barker Date

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Docket No: AM100907 C1
Patent

If an additional extension of time is required, please consider this a petition therefor.

# (Check and complete the next item, if applicable) An extension for month(s) has already been secured and the fee paid therefor of \$0.00 is deducted from the total fee due for the total months of extension now requested. OR (b) Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

Extension fee due with this request: \$1,020.00

### FEE FOR CLAIMS

3. The fee for claims has been calculated as shown below:

CLAIMS AS AMENDED									
(1)	(2)	(3)	(4)			(5)			
FOR	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PAID FOR	NUMBER EXTRA x RATE			ADDITIONAL FEE			
TOTAL CLAIMS	4	20	0	X	\$	50.00	0.00		
INDEPENDENT CLAIMS	3	3	0	X	\$	200.00	0.00		
MULTIPLE DEPENDENCY FEE					\$	360.00			
Total Amendment Fee:					\$0.00				

$\boxtimes$	No additional fee for claims is required.	
	Total additional fee for claims required:	\$0.00.

Docket No: AM100907 C1

Patent

4. Method of Payment of Fees:

Charge Deposit Account No. 01-1425 in the amount of: \$1,020.00.

A duplicate of this transmittal is attached.

Instructions as to Overpayment:
 Credit any overpayment to Deposit Account No. 01-1425.

6. Authorization to Charge Additional Fees

If any additional extension and/or fee for claims is required, charge Account No. 01-1425.

Respectfully submitted,

Rebecca R. Barrett September 8, 2006

Attorney for Applicants Reg. No. 35,152

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